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Bib Data Sheet

CONFIRMATION NO. 7878

SERIAL NUMBER 10/661,417	FILING OR 371(c) DATE 09/15/2003 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO.
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APPLICANTS

Rebecca Anne Baril, Chicago, IL;

** CONTINUING DATA ***** *RGB*** FOREIGN APPLICATIONS ***** *RGB*IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 01/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged <i>RGB</i> Examiner's Signature	Initials			

ADDRESS

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TITLE

Medical foot helper for diabetic, arthritic, disabled, elderly and obese persons

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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